

12-11-09

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/509,237	03/20/2000	Seth D. Rose	344-P-16-USA	9691

TITLE OF INVENTION: METHOD AND COMPOSITIONS FOR IN SITU FORMATION OF PROTECTIVE AND/OR MEDICATED FILMS ON BODY TISSUE

APPLN. TYPE	SMALL ENTITY ¹	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE 12/11/2009	TOTAL FEE(S) DUE FOR 16-USA 09/509,237	DATE DUE 02/02/2010
nonprovisional	YES	\$755	\$0	\$0 01 FC:2501	\$755	755.00 0P
EXAMINER	ART UNIT		CLASS-SUBCLASS			
FUBARA, BLESSING M		1618	424-078080			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list
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 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 E. VICTOR INDIANO

2 INDIANO VAUGHAN LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BLAIREX LABORATORIES, INC COLUMBUS, IN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 9 December 2009

Typed or printed name E. VICTOR INDIANO

Registration No. 30,143

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/ EXAMINER	ART UNIT	CLASS-SUBCLASS				
FUBARA, BLESSING M	1618	424-078080				
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SHAIKEX LABORATORIES, INC COLUMBUS, IN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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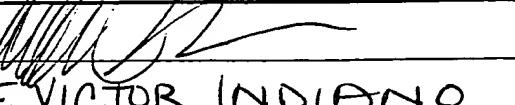
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